

BEST AVAILABLE COPY

NEITHER GROUP 1 NOR GROUP 2
Paralegal Specialist
(703) 305-3734

SERIAL NO.
09/341 505

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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